

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED

2013 JUL 08 AM 10:23

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5 FEC MAIL CENTER

Americans For America Political Action Committee

ADDRESS (number and street)

333 Ricciuti Dr. apt. 418

☐ (Check if address is changed)

Quincy

MA

02169

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

Will@afapac.com

☐ (Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

afapac.com

☐ (Check if address is changed)

2. DATE

6 / 25 / 2013

3. FEC IDENTIFICATION NUMBER

C 00544999

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

William Higgins

Type or Print Name of Treasurer

Signature of Treasurer

William Higgins

Date

6 / 25 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

**Candidate Committee:**

- Name of Candidate

**Office Sought:**

## Senate

**President**

District

- Name of Candidate

(Democratic,  
Republican, etc.) Party.

**In addition, this committee is a Lobbyist/Registrant PAC.**

- In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)**

1.

2.

**3.**

FEC ID number: C

4.

FEC ID number C

Write or Type Committee-Name

Americans For America Political Action Committee

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

None

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Denise Cohen

Mailing Address

333 Ricciuti Dr. apt 418

Quincy

MA

02169

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

William Higgins

Mailing Address

333 Ricciuti Dr. apt. 418

Quincy

MA

02169

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

857

615

1193

13031082276

Full Name of  
Designated  
Agent

Mailing Address

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Eastern Bank

Mailing Address

470 West Broadway, B374

South Boston

MA

02127

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

13031082277

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

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☐ Received from House Records & Registration Office Date of Receipt

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☐ Other (Specify): Date of Receipt or Postmarked

*Jmp*  
PREPARER

7/8/13  
DATE PREPARED

(3/2005)

13031082278